Expanded Telehealth Services Offer Smart Wound Care Workflows

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We are living in unprecedented times. At the time of writing, the World Health Organization declared the 2019 coronavirus (COVID-19) outbreak a public health emergency of international concern.¹ This virus can potentially affect anyone, including healthcare workers, patients, families, friends, and neighbors.

Before COVID-19, in any health care setting, engaging face-to-face with our wound care patients was considered preferable and important to evaluate and manage the patient's wound. In the outpatient wound care department, as one example, patients would travel to be seen by the wound care provider. However, based on the severity of COVID-19 and each state's directives for travel restrictions, we must now implement alternative "virtual services" to treat our patients.

To meet this new need, the spotlight is on telehealth or telemedicine. Starting on March 6, 2020,² the CMS broadened access to Medicare telehealth services so beneficiaries can receive a wider range of services from their providers without having to travel to a healthcare facility. The CMS expanded this benefit on a temporary and emergency basis under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act. Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence.

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health.² There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries: Medicare telehealth visits, virtual check-ins, and e-visits (Table).²⁻⁴

Given this opportunity to implement telehealth services and shift the way we care for our patients, we must also shift our processes and documentation workflows for virtual services. The value of using smart workflows is to manage and optimize critical CORE (Clinical, Operational, Regulatory, Economic)* functions, thereby streamlining

documentation; improving quality care, patient safety, and satisfaction; and increasing process efficiencies.⁵ To that end and according to the Agency for Healthcare Research and Quality, "It is rare that a workflow is completely independent of other processes in the practice. In most cases, workflows for one activity will overlap or depend on the execution of another activity or process. It is important to identify and consider these dependencies when redesigning workflow, as the effects of redesigning a workflow can be positive or negative."⁶

With the opportunity to expand services based on the newly updated telehealth regulations, you must ensure your workflows are structured to support the work performed in a smart, efficient manner based on where you practice. Consider the following:

1. Review the newly revised regulations and associated policies. Review these collective documents with your preregistration, health information management, coding, and billing departments and understand how your facility's policies map to registering, scheduling, documenting, and billing processes. For example, your facility may direct you to include a statement that the service was provided through telehealth, including both the location of the patient and the provider and the names and roles of any other persons participating in the telehealth service. Health information management may also direct you to have the patient verbally consent to receive virtual check-in services. How your facility directs you within these processes will dictate how you implement the next two considerations.
2. Create and map a visit type to define your telehealth visit (eg, "New Wound Care Visit" or "Established Wound Care Visit"). Review the Table and accompanying CMS definitions to define your visit types. Work with your preregistration department to define the new visit types and define the process to register your patient's virtual encounter.
3. Establish your workflow to define your telehealth visit. Organize the appropriate e-documentation forms in a chronological format to accurately capture the documentation elements medically necessary for an initial and follow-up telehealth workflow based on visit type. As you review the e-forms comprising your workflow,

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*CORE is a proprietary process developed by the author.

Table. SUMMARY OF MEDICARE TELEMEDICINE SERVICES²

Type of Service	What Is the Service?	Coding	Patient Relationship with Provider
Medicare Telehealth Visits	A visit with a provider that uses telecommunication systems between a provider and a patient.	<ul style="list-style-type: none"> • 99201-99215 (office or other outpatient visits) • G0425-G0427 (telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or skilled nursing facilities). For a complete list, visit www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes	For new or established patients. NOTE: To the extent that the 1135 waiver requires an established relationship, the Department of Health and Human Services will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
Virtual Check-In	A 5- to 10-minute conversation with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	Healthcare Common Procedure Coding System codes G2012 and G2010	For established patients
e-Visits	A communication between a patient and their provider through an online patient portal	99431, 99422, 99423, G2061, G2062, and G2063	For established patients

ensure you consider the additional documentation necessary to support your visit such as the e-consent process or transcription of the patient self-reporting vital signs. Last, but just as important, include the appropriate patient/caregiver education forms to reinforce the discussion points covered during your virtual visit. Provide patients with reputable sources of education/information such as the National Institutes of Health's MedlinePlus resources or the CDC website.

On a personal note, thank you to all healthcare heroes working tirelessly day in and day out to provide your leadership and expertise to all patients. Your sacrifices are beyond admirable in these unprecedented times. ●

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